

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.C.	19	8/27/01
O.I.P.E. CLASSIFIER		866	9-5-01
FORMALITY REVIEW	H.S.		10-02-01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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76-876  
10/9/01